

<b>Case Number:</b>	CM14-0107805		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	05/05/2012
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine, and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 38-year-old female who was reportedly injured on 05/05/2012. The injured worker is status post left hand surgery performed on 12/18/2013 and had chronic wrist pain. Last progress report dated 05/27/2014 noted bilateral forearm and wrist pain with numbness and tingling that was greater on the right. Pain increased with lifting, pushing, pulling, grasping and squeezing. Pain was rated 8-9/10 without medications and described as constant, dull, numbing, achy and tingling. Pain rated 3-4/10 with medication. Medications consist of Norco, Prilosec and Elavil. Medications provide 4-6 hours of relief enabling the injured worker to perform ADL's and improve sleep pattern. Tenderness to palpation of the flexor and extensor tendons along with the surgical scars in the bilateral wrists and forearms. Soft tissue fullness in the right interscapular scar in the dorsal forearm. Tinel's sign produced localized sensitivity in the first dorsal extensor compartments. Sensation was decreased in a median nerve distribution. A request was Norco 7.5/325mg Qty 60, Prilosec 20mg Qty 30

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Norco 7.5/325mg Qty 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 77-78.

**Decision rationale:** The request for Norco 7.5/325 mg #60 is recommended as medically necessary. The submitted clinical records indicate that the injured worker has chronic pain associated with her workplace injuries and subsequent treatment. She is compliant with treatment. VAS is reported to be 8-9/10 and reduced to 3-4/10 with medications. This is noted to have resulted in improvements in ADL's and is consistent with California Medical Treatment Utilization Schedule recommendations.

**Prilosec 20mg Qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20-9792.26 (MTUS) Effective July 18, 2009 Page(s): 68 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

**Decision rationale:** The request for Prilosec 20 mg # 30 is not medically necessary. The submitted clinical consisted of a single clinical note. This note does not document the presence of medication induced gastritis for which this medication would be indicated. In the absence of this condition the continued use of this medication is not medically necessary.